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ABSTRACT

To examine the way in which mentally retarded children and adults in community living arrangements view notions of home and family, questionnaires were administered to direct care staff working with 151 retarded children and adults. Questionnaire items touched on such aspects as residents' age, sex, length and type of institutionalization, behavior characteristics, and methods used to express ideas of home/family. Results revealed that 85% of the residents expressed ideas of home and family at least occasionally. There were no significant differences in the frequency of expression of ideas of family and home related to sex, functioning level, or type of residence. Trends were found between increasing lengths of separation from home and decreased expression of ideas of home and family, and between frequent contact and increased expression. Other results included that over 19% of the residents used fantasy as a means to express ideas of home, while 14% who spoke frequently of home acted out. The staff identified behavior patterns that were not related to the resident's expression of home and family, but were considered to be affected by the home situation. An increased staff reaction was found when residents' talking about home had a strong emotional content. Implications included the importance of knowing when to refer a resident for professional assistance and of understanding that emotional growth can be hindered by separation from home. (CL)

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THE CONCEPT OF HOME AND FAMILY TO MENTALLY RETARDED INDIVIDUALS PLACED IN RESIDENTIAL FACILITIES:

IMPLICATIONS FOR COUNSELING

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Introduction:

Over the past decade, there has been an increase in the use of counseling and psychotherapeutic techniques with mentally retarded adults. These include Rehabilitation Counseling (Browning, 1974; Rosen, Clark & Kivitz, 1977) working with emotionally distrubed/mentally retarded individuals (Szymanski & Tanguay, 1980; Reiss, Levitan & McNally, 1981; Slivkin, 1982; Matson & Barrett, 1982)and teaching specific socialization and adaptive skills (Rosen & Hoffman, 1975; Moxley, Nevil & Edmonson, 1981).

One approach, Deutsch (in press) makes use of the "Private World" of the mentally retarded as an important motivating force for a variety of behaviors. This private world or self view frequently sets the parameters within which the individual will behave. Thus, a client who views himself as physically ill, even when no illness is present, may resent or even protest any attempts at involving him in a recreational program. Thus, not only is the environment a factor in determining one's behavior, but so is one's interpretation of that environment, and one's place within it. In addition, the "Private World" of the mentally retarded takes into account Maslow's (1954) hierachy of needs. These needs for closeness, love, sharing and acceptance must be met for enhanced personality development and are as appropriate for the mentally retarded as they are for non-retarded individuals. However, the mentally retarded, and especially those mentally retarded individuals who reside away from their families, have fewer opportunities to achieve their needs. If these needs remain unmet over a period of time, the mentally retarded may turn inward and develop fantasies or use other methods to maintain their self-concept and to assist them in striving for self acceptance.

This concept of the "private world" can thus be extended to the perceptions and beliefs of home and family held by clients in residential settings. This was dramatically illustrated by a fifty-five year old man who was institutionalized for over forty years. He lost contact with his mother and other family members over a quarter of a century before being referred for therapy.

The reason for referral was a lack of motivation in the sheltered workshop and biting his hands so continually that his fingers, hands and wrists were thickly calloused. A number of behavior modification programs were attempted both in the institution and the sheltered workshop and all met with limited success. This man was video taped for hours to determine the antecedents to the biting behavior. None could be discovered. Out of desperation, the client was finally asked what he was thinking about just before he bit his hands. Over several sessions, the client revealed that he was thinking of his mother, and that he became frustrated and angry by the lack of contact. As a result of these conversations, contact was re-established with the client's mother and "long lost" relatives. Overnight visits were made, and support was provided by cousins. As these visits increased in frequency, the client's biting behaviors decreased and his motivation at work improved.

Based on such clinical data, it has been observed that one's perceptions of family and home can continue to influence behavior long after the individual was separated from his family. In addition, an idealized or a fantisized notion of home and family is often described by mentally retarded clients in counseling. Even after years of institutional or community residential living arrangements away from their family, many mentally retarded adults continue to discuss their eventual return to their family. This is frequently viewed as a defense against rejection and feelings of alienation. However, these frequently unrealistic notions of home and family can interfere with continued growth and movement toward independence.

To counter the tendency to overgeneralize from clinical data, a questionaire was developed to assess the way in which residents in community living settings utilize references to "home" and "family". In addition, the various methods that staff utilize in dealing with these issues was explored.

The questions addressed by this research project included the following:

1) Do residents of community living facilities exhibit interest in returning to their families? What percentage of the clients exhibit this interest? How is this interest expressed?

2) Are there differences in this expression across the following variables - age, sex, level of functioning and length of time away from the family?

3) What are the variety of ways that residential staff handles these concerns? Do they see it as a problem?

4) Are there differences in the ways of handling these concerns based on training or experience?

Questionaire: A thirty item questionaire was developed to access a variety of factors:

a) Age and sex
b) Length and type of institutionalization
c) Length of time in a community residence
d) Behavioral characteristics
e) Methods used to express ideas of home/family
f) Staff reactions
g) What are the characteristics of those referred for professional assistance

The Questionaire was administered through an interview to direct care staff working with 151 severly to mildly retarded children and adults, both males (n=109) and females (n=42). Seventy-six (76) of these residents lived in group homes (10-15 residents/home), while seventy-five (75) clients lived in a larger community-based facility (125 residents) which was comprised of seven apartment-style (of up to 20 residents/unit) which had a central administration. The ages of those sampled ranged from 6 to 45.

The content validity of the questionaire was established through the use of experts in the field who reviewed the questions, and suggested additions, deletions and other critical comments. The final questionaire consisted of a list of demographic items, a checklist of behavioral characteristics and open-ended questions. It was believed that in this initial study, open-ended questions would be helpful in acquiring a wide range of responses and stimulating thought

for further investigation.

Results:

Eighty-five per cent (85%) of the population expressed ideas of home and family at least occasionally. Verbal and non-verbal measures were used to determine the client's feelings of home (talking about home, looking at family pictures, anxiety around phone calls). There were no significant differences in the frequency of expression of ideas of family and home between sexes, level of functioning or type of residence. There was a trend toward decreased expression of ideas of home with increasing lengths of separation from home, while more frequent family contact was associated with an increase in the expression of ideas of home and family. However, there were exceptions to this general trend. Some individuals with frequent contact did not express ideas of home and family, while other people with rare contact frequently spoke of home and their family.

Table 1

Correlation coefficients between frequency of expression of ideas of home and family and client behavioral characteristics of home and family.*

DOMAIN	CORRELATION COEFFICIENT
Length of Institutionalization	.18
Length of Community Residence	.19
Cursing	.18
Aggressive/Assaultive Behaviors	.18
Inappropriate Affection	.28
Frequency of Family Involvement	.32
Mode of Expressions Toward Home	.50
Content of Expressions Toward Home	.45
Consistency of Expression	.49
Effect on Daily Life	.21
Return Home Likely	.26
Staff Reactions	.22
* Involvement in Special Events	.20

All Pearson Product correlation coefficients are significant at $\alpha = .05$

Expressions of home and family tended to be positive (verbally, behaviorally and emotionally) although over ten per cent (10%) of those sampled voiced negative concerns about home and about five per cent (5%) had

mixed reactions. The residents were also reported to have a wide range of response styles. About thirty per cent (30%) of the residents were viewed as expressing strong security needs. These security needs were expressed more often by those who were more likely to return home. Other residents merely recounted past events at home. About ten per cent (10) physically acted out when they expressed ideas of home.

Over thirty-three per cent (33%) of the residents sampled were viewed as having a difficult adjustment to the community settings. These difficulties were viewed as being influenced by the resident's feelings of home and family. Frequency of expression was positively correlated with adjustment difficulty. These reactions included an active fantasy life, behavioral and/or emotional difficulties (anger, anxiety and depression). Feelings and expressions of home and family were also found to facilitate adjustment for some individuals. About twenty-seven per cent (27%) of the residents were viewed as making a positive adjustment to the facility as a result of their feelings and contact with family and home. There was no significant difference of the response patterns between residential settings, level or functioning or age.

Several additional methods of expressing ideas of family and home emerged, including fantasy, breaking rules, and having no interest in the daily program. Over nineteen per cent (19%) of the subjects used fantasy as a means to express ideas of home. This was most common among those who held an unrealistic view of returning home. These subjects frequently developed elaborate plans for their return home and/or described a very positive home atmosphere where none existed This pattern of response was also associated with emotional distress (anxiety and depression), stealing and withdrawal. These characteristics were more common among females, and tended to decrease with the length of time an individual lived in a community residence.

Another group of individuals,(fourteen per cent (14%) of the residents) emerged who spoke frequently of home and who were also somewhat withdrawn. These

individuals were characterized additionally as being aggressive, verbally abusive, self-abusive and dependent. Generally, these individuals recognized the realities of their not returning to their families, but did not accept alternate living plans. Thus, two groups of individuals were identified as displaying withdrawn behavior. In addition to the withdrawal, the commonality binding the two groups was that they are unlikely to return to their families. The shared characteristics appear to end at this point, as one group directed their efforts to a "private world" of fantasy, while the other group acted out.

Table II

Two patterns of withdrawn behavior:

Group I	Group II
Characterized By:	Characterized By:
Fantasy	Abusive Language
Emotional Distress	Aggressive
Stealing	Self-Abuse
- - -	Dependency
More likely to occur in	- - -
Females	No sex differences

A variety of behavioral patterns emerged which were not related to the client's expressions of home and family, but were associated by the staff as being affected by the home situation. For example, stealing behavior was not related to frequency of expression, but was related to the content of what was expressed. Those who displayed "stealing" behavior were more likely to use fantasy, to break the rules and to lie. These behaviors would often be rationalized by the client as being approved of by his family (e.g. "My Mother said I don't have to!"). These residents were also more likely to run away from the residence. The tendency to be inappropriately affectionate (hugging, kissing, hanging on to strangers) was negatively correlated with family involvement and was associated with a greater dependency on staff.

Another question that was explored was, "How did family involvement with the client affect his/her behavior?" Family involvement decreased with length of time away from home. The longer an individual lived in a community residence, the less likely the family involvement. Those individuals with very supportive families tended to express ideas of home and family frequently and these expressions tended to be positive. Family involvement was also associated with a decreased use of fantasy, rule breaking and lying. If those clients whose families were actively involved did have an adjustment problem to the community residence, they tended to be less emotional and less aggressive. Those residents who were involved with their families were viewed as being more likely to be able to return home.

Table III

Correlation Coefficients between Family Involvement and Client Characteristics*

DOMAIN	CORRELATION COEFFICIENT
Years in Community Residence	- .26
Years Away from Home	- .36
Frequency of Expression of Ideas of Home	.32
Inappropriate Affection	- .19
Mode of Expression Toward Home	.29
Fantasy	- .23
Breaking Rules	- .23
Lying	- .23
Lack of Interest in Residential Program	- .23
Denial	- .30
Acting Out	- .30
Return Home Likely	.32
Involvement in Special Events	.27

* All Pearson Product correlation coefficient are significant at α = .05.

Another issue explored was the manner in which staff reacted to client's expressions of home and family. The staff tended to provide counseling, support and referrals to professional staff if the residents were mildly retarded, older (over 21), and if they talked more frequently about home. If this talking of home had a strong emotional content, fantasy or was unrealistic, there was an increased staff reaction. Other behaviors which were associated with staff

reactions were aggressiveness, abusive language and running away.

Thus, the more often a resident expressed ideas about home, and especially if he/she had difficulty adjusting to the community residence, the more likely it was that they would receive special attention. This special attention took the form of support and reassurance from the staff, counseling and/or behavior modification from the staff, and/or counseling by a professional. The bulk of this special attention was provided by the direct care staff, while about twenty per cent (20 %) of the residents were being seen by professionals.

Discussion:

The correlation reported between Family Involvement, Frequency of Expression of Ideas of Family and affective behaviors suggest that family relationships form an important basis of a mentally retarded person's private world and self-concept. Separation from family often serves to disturb a client's self definition, especially during the early phase of placement in a residential facility. In large measure, the stress placed on a client's self concept can be linked to the differences of social structure between a family situation and residential facility.

Within the family, a mentally retarded person is given an ascribed status of being a son or daughter. This status position is associated with a stable role that provides social recognition and establishes an identity for a mentally retarded person. The individual can expect loyalty, attention and nurture from family members simply on the basis of kinship. This special relationship is a strong security base. A base for emotional growth and development.

In comparison to a family structure, a residential facility tends to assign status positions to a person on the basis of achievement. A mentally retarded person is expected to acquire skills and master developmental tasks as a prerequisite to obtaining rewards and privileges. An individual's role and identity in a residential facility is dependent largely upon meeting objective standards of performance. In addition, many mentally retarded individuals do not

understand or do not accept the reasons for their placement away from home.

Thus, the transition from family to a residential facility may involve the development of normative expectations and attitudes different from those to which a MR individual has previously been exposed. For some, the process of socialization may be a period of confusion especially in the expectations that are held about others. A person may feel deprived of customary social recognition and feel estranged from the structure of the treatment milieu. In such a situation, an individual is likely to feel frustrated by the social structure and act our aggressively, or behave belligerently towards those who are identified as the sources of stress.

Other persons may regard the separation from family primarily as a threat to their self expectations. They may have difficulty in identifying members of the treatment milieu as significant others with whom a satisfying identity can be created. In the absence of familial involvement, their self concept may tend to become unstable and inconsistent with their status as clients. These people may tend to protect their self definition through fantasy that maintains commitment to family structure, or through behaviors that impose familial expectations on interpersonal relationships, such as lying and stealing. These behaviors tend to violate norms of objectivity and privacy that are necessary to maintain less structured and independent relationships. They suggest an effort on the part of an individual to impose on others an obligation of absolute loyalty and blind acceptance. It becomes apparent then that as the mentally retarded strives toward self acceptance and positive self image, they may encounter obstacles which are not frequently encountered by the general population. The support, acceptance, love, positive feed back and acknowledgement of one's accomplishments are generally not as available to the mentally retarded, especially if they live away from their

families. These difficulties in meeting one's emotional needs, in addition to the daily reminders of the differences between them and the general population, may cause some mentally retarded individuals to develop beliefs and fantasies to protect an already weakened self concept. This "private world" may include some unrealistic expectations concerning their families. For many of these individuals, it is easier, safer and less painful to continue to hold onto fantasies than to deal with the realities of familial rejection, death of loved ones or even their limitations which result from their mental retardation.

The "Private World" notion is supported by the data in that ideas of home and family are often expressed by residents in the community living situation. Many of these expressions include references to an eventual return of the residents to their families. For 80% of these people, however, such a return is unlikely. As a result, some general patterns of behavior have emerged. One out of five residents combat their feelings of rejection (after not seeing their parents for some time or being informed that they will not return home) through the use of fantasy. These fantasies can be rather simple statements by the resident that they will be returning home, to well-integrated delusional systems (describing room and surroundings, talking about visits that never occurred, relating stories of speaking to a mother who has died). These fantasies can occur with those who are withdrawn, but they also occur with those individuals who act out and are aggressive.

Aggressiveness is also significantly correlated with frequency of expression of ideas of home and family. Thus, it is important for staff to recognize that when residents speak of home, whether in realistic or unrealistic terms, that it is an issue that must be dealt with effectively or it may develop into a more dangerous problem. Although there is a significant trend for individuals to accept their leading separate lives from their families with increased number of

years living in a community residence, there are some individuals who never give up their notion of their eventual return home.

Thus, methods used by staff to assist residents with these issues appear to be extremely important. The following suggestions may prove helpful:

1) The staff should know when to refer for professional assistance. Although aggressiveness may occur in isolation of feelings toward home, there is a significant correlation between expression of ideas of home and aggressive/assaultive behaviors. Therefore, dealing only with a reduction in aggressive behavior may be insufficient to overcome this problem. Counseling and therapy may also be indicated. Additionally, not only those who act out need to be referred for professional assistance. Many withdrawn individuals can benefit as well. Early intervention may also prove helpful (play therapy) for children. Work must also be done with those individuals who may have difficulty with verbal expression.

2) Staff should listen to what the clients are saying. The residents may give staff hints as to how to assist them. The more quickly the clients remarks are brushed aside or are minimized, the more likely the aggressive behavior, or the retreat from the daily program into one's "private world" will occur.

3) Use the client's verbalization of home as a signal for supportive intervention. This is true for those who speak frequently of home, as well as those who rarely speak of home. This is a signal that a strong emotional need is not being met in a community environment.

4) A realization by the staff that one's emotional growth may be stunted by the separation from family. To assist the resident with this slowed

emotional development, training toward self-sufficiency combined with opportunities to develop strong emotional relationships should be provided. This is not to say that one's family can be replaced by others, but one can learn to transfer their security, dependency and emotional needs to other people, as well as learn to be more self-reliant in these areas.

5) For those people who have no contact with family, assist them through a grief process. This is especially important to those whose parents are deceased, but did not attend the funeral, or those who were not informed of the death until months after it occurred. For those whose parents are alive, but who do not maintain contact, assisting the client through the grief process may also prove helpful in breaking the imaginary ties and thus allowing the client the freedom to explore other relationships.

6) Family work should be an integral part of residential living. This may prove to be extremely helpful in assisting the client in adjusting to life away from family members, as well as recognizing that life can be fulfilling and productive outside the home. In addition, family therapy may assist parents and siblings with this adjustment process.

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REFERENCES

Browning, P. Mental Retardation; rehabilitation and counseling. Springfield, Illinois: Charles C. Thomas, 1974.

Deutsch, H. The private world of the mentally retarded: Issues in therapy. Accepted for publication in Professional Psychology.

Maslow, A. Motivation and personality. New York: Harper, 1954.

Matson, J.C. Barrett, R.P. (Eds) Psychopathology in the mentally retarded. New York: Grune and Stratton, 1982.

Moxley, D., Nevil, N., & Edmonson, B. Socialization for mentally retarded adolescents and adults. Springfield, Illinois: Charles C. Thomas, 1981.

Reiss, S. Levitan, G.W., B. McNally, R.C. Emotionally disturbed mentally retarded. Manuscript submitted for publication, 1982.

Rosen, M., Clark, G.R., Kivitz, M.S. Habilitation of the handicapped. Baltimore: University Park Press, 1977.

Rosen, M., & Hoffman, M. Personal adjustment training, Elwyn, Pa., Elwyn Institute, 1975.

Slivkin, S.E. Treatment of mentally retarded persons. In Seligman, M. (Ed.) Group psychotherapy and counseling with special populations. Baltimore: University Park Press, 1982.

Szymanski, L.S. & Tanguay, P.E. Emotional disorders of mentally retarded persons. Baltimore: University Park Press, 1980.